

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

9-2993-519US

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	20 minus 20 = *	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		0

RATE	FEE
	\$
x \$ 0 =	0
x 0 =	0
+ =	
TOTAL	0

RATE	FEE
	\$ 770
x \$ =	0
x =	0
+ =	0
TOTAL	770

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* 20 Minus **	0	=
Independent (37 CFR 1.16(b))	* 2 Minus ***	0	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI-TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL	0

RATE	ADDI-TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL	0

(Column 1)

(Column 2)

(Column 3)

TOTAL
ADDIT. FEETOTAL
ADDIT. FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* Minus **		=
Independent (37 CFR 1.16(b))	* Minus ***		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI-TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL	0

RATE	ADDI-TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL	0

(Column 1)

(Column 2)

(Column 3)

TOTAL
ADDIT. FEETOTAL
ADDIT. FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* Minus **		=
Independent (37 CFR 1.16(b))	* Minus ***		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI-TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL	0

RATE	ADDI-TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL	0

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.